

# Summer Camp—Medication Log

Camper's Name \_\_\_\_\_

Session Date \_\_\_\_\_ Session Name \_\_\_\_\_ Camp \_\_\_\_\_

**Parents/guardians please note: Complete non-shaded areas for each medication to accompany your daughter. All prescription and non-prescription medication needs to be in its original container. All prescription medication must be prescribed for the camper. NO exceptions!!**

List each medication in a new box. List exact dosage (i.e. milligrams or teaspoons). Mark the time of day the medication should be taken. List any special comments in comment box. If camper is attending a 2-week session complete one form for each week of camp.

Rescue inhalers, Epi Pens stay with the camper or with the camper's counselor depending on your preference. However, they need to be recorded on this form.

Example:

Medication	Dosage	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
Claritin	10 mg. (1 pill)	Breakfast								Must take prior to meals
		Lunch	For Office Use Only DO NOT WRITE IN SHADED AREAS							
		X Dinner	For Office Use Only DO NOT WRITE IN SHADED AREAS							
		Bedtime								
		Other								
		As Needed								

I hereby give permission for Camp Staff to administer the following medications according to the directions on the label.

Parent/Guardian signature \_\_\_\_\_ Date \_\_\_\_\_

Medication	Dosage	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
		Breakfast								
		Lunch								
		Dinner								
		Bedtime								
		Other								
		As Needed								
		Breakfast								
		Lunch								
		Dinner								
		Bedtime								
		Other								
		As Needed								

Initials \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Initials \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Initials \_\_\_\_\_ Print Name \_\_\_\_\_ Signature \_\_\_\_\_

Camper's Name \_\_\_\_\_

Session Date \_\_\_\_\_ Session Name \_\_\_\_\_ Camp \_\_\_\_\_

Medication	Dosage	Time	SUN	MON	TUE	WED	THU	FRI	SAT	Comments
		Breakfast								
		Lunch								
		Dinner								
		Bedtime								
		Other								
		As Needed								
		Breakfast								
		Lunch								
		Dinner								
		Bedtime								
		Other								
		As Needed								
		Breakfast								
		Lunch								
		Dinner								
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		Other								
		As Needed								